

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020947

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 97

STATE FILE NUMBER

FILED MAY 17 1963

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti TWP</u>		c. CITY OR TOWN <u>Hayti</u>	
Length of stay in 1b <u>20 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Heights</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2, Box 85</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Rella</u> Middle <u>LYONS</u> Last			4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-11-1904</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Starkville, Mississippi</u>	
13a. FATHER'S NAME <u>A. T. Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Reece</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
14. NAME OF HUSBAND OR WIFE <u>Rt. 2, Box 85</u>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>***-**-****</u>		17. INFORMANT <u>Ureatha Threadgill, Hayti, Missouri</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Diabetic vascular disease</u> (b) <u>hypertensive cardiovascular disease</u> (c) <u>dissecting aortic aneurysm</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 3/4 wks</u> <u>4 wks</u> <u>1 yr.</u> <u>6 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u>5-1-63</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1</u>	20f. CITY, TOWN, OR LOCATION <u>Hayti, Missouri</u>	COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from <u>5-1-63</u> to <u>5-5-63</u> and last saw her <u>alive</u> on <u>5-5-63</u> Death occurred at <u>9:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>John W. German</u>	(Degree or title) <u>Und.</u>	22b. ADDRESS <u>Hayti, Missouri</u>	22c. DATE SIGNED <u>5-6-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u>	23d. LOCATION (City, town, or county) <u>Caruthersville, Missouri.</u>
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24. FUNERAL DIRECTOR <u>John W. German Funeral Home, Hayti, Mo.</u>	ADDRESS <u>5-13-63</u>	25. DATE RECD. BY LOCAL REG. <u>5-13-63</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte G. Sloan</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James L. Brown

Licensed Embalmer No. 5206

P. O. Address Hayti, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.